

DATE STATE RETURNED TO SCHOOL_____

APPLICATION FOR PUBLIC SCHOOL EXEMPTION CERTIFICATE SDCL 13-27-3

PLEASE PRINT OR TYPE LEGIBLY - ITEMS 1-15 MUST BE COMPLETED BY PARENT/GUARDIAN

This request for a Certificate of Excuse from public school attendance is made in compliance with SDCL 13-27-2, pursuant to SDCL 13-27-3, as passed by the 1993 South Dakota Legislature. As parents/guardians, with this request affirm that we recognize our responsibility for the statutory requirements of the education of our children pursuant to 13-27-3, 13-27-7, and 13-27-29.

1. Date _____
2. Public School District _____
3. Parent(s) or Guardian _____
4. Address _____ 5. City _____
6. County _____ 7. State _____ 8. Zip+4 _____
9. Phone _____
10. Alternative Instruction Program to be Attended _____
11. Address _____
12. Phone _____
13. Instructor(s) Name(s): _____

- Name**

Per SDCL 13-27-3.1, the parent(s)/guardian(s) of the child(ren) must include **one** of the following with this application:

- a. A certified "copy" of the child's birth certificate; OR
- b. Affidavit issued by the Department of Health in lieu of the birth certificate; OR
- c. Provide a affidavit notarized or witnessed by two or more people, swearing or affirming that the child identified on the request for excuse is the same person appearing on the child's certified birth certificate. (See the reverse side of this application for affirming affidavit of affirming)

15. **Signatures:** Parent(s)/Guardian(s) _____
 Witnessess _____
(Two (2) different witnesses are required on each form.)

OR

STATE OF SOUTH DAKOTA }
COUNTY OF _____ }SS

On this, the _____ day of _____, 20____, before me,
_____, the undersigned officer, personally
appeared _____ known to me or satisfactorily
proven to be the person(s) whose name(s) is/are subscribed to the
within instrument, and acknowledged that he/she/they executed the
same for purposes therein contained.

In witness whereof, I here unto set my hand and official seal.

Signature _____

Title _____

My Commission Expires _____

CERTIFICATE OF EXCUSE
MUST BE COMPLETED BY SCHOOL BOARD

Pursuant to SDCL 13-27-7, there is hereby issued this Certificate of Excuse from school attendance to the Child(ren) named above for the period from, _____, 20____ to _____, 20____ by reason of the fact that the child(ren) shall receive competent alternative instruction.

Dated this _____ day of _____, 20____.

Signatures _____, President
School Board

Once signed by school board president, **send** the application and all additional documentation to:

- *The Department of Education, 700 Governors Drive, Pierre, South Dakota 57501, and*
- *The location of alternative program.*

AFFIDAVIT OF AFFIRMING

The following affidavit has been either notarized or witnessed by TWO or more witness, swearing or affirming that the child(ren) identified on the attached request for excuse is the same person appearing on the child's certified birth certificate.

SIGNATURES

Parent(s) Guardians _____

First Witness _____

Second Witness _____